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CONFIRMATION NO. 1151

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|-----------------------------|--|--------------|------------------------|--|
| SERIAL NUMBER<br>09/929,735 | FILING OR 371(c)<br>DATE<br>08/13/2001<br>RULE | CLASS<br>705 | GROUP ART UNIT<br>3625 | ATTORNEY<br>DOCKET NO.<br>60021.375702 |
|-----------------------------|--|--------------|------------------------|--|

## APPLICANTS

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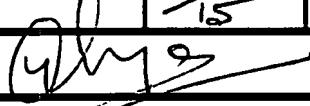
## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/705,290 11/01/2000 ABN and is a CIP of 09/431,389 11/01/1999 ABN  
 and is a CIP of 09/452,273 11/30/1999 ABN  
 and is a CIP of 09/579,849 05/25/2000 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 09/10/2001

|                                 |  |                             |                            |
|---------------------------------|--|-----------------------------|----------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  |                             |                            |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance   |                             |                            |
| Verified and Acknowledged       | Examiner's Signature  Initials |                             |                            |
| STATE OR COUNTRY<br>CANADA      | SHEETS<br>DRAWING<br>14  | TOTAL<br>CLAIMS<br>24<br>15 | INDEPENDENT<br>CLAIMS<br>3 |

## ADDRESS

29838

## TITLE

Communication interface for a financial modeling and counseling system

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>912 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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